

# DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 5074A-000057

## DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND APPARATUS FOR PERSPECTIVE INVERSION

the specification of which (check one)

- ☒ is attached hereto.  
or  
☐ was filed on \_\_\_\_\_ as Application Serial No. or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.


I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>


## DECLARATION AND POWER OF ATTORNEY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 (  ) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

### CORRESPONDENCE ADDRESS

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (  ), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

## DECLARATION AND POWER OF ATTORNEY

**Full name of sole or first inventor:** David A. Simon

Inventor's signature: 

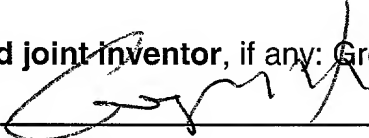
Date: 2.25.02

Residence: 1424 Patton Drive, Boulder, CO 80303

Citizenship: U.S.A.

Mailing Address:

**Full name of second joint inventor, if any:** Greg Rutz

Inventor's signature: 

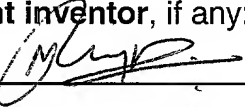
Date: 2-26-02

Residence: 5035 Merritt Drive, Boulder, CO 80303

Citizenship: U.S.A.

Mailing Address:

**Full name of third joint inventor, if any:** Monish Rajpal

Inventor's signature: 

Date: 2-25-2002

Residence: ~~301 East Malloy Drive, Northglenn, CO 80239~~ 3057 FULTON CIRCLE,  
BOULDER, CO 80301

Citizenship: India

Mailing Address:

**Full name of fourth joint inventor, if any:** Gordon Goodchild

Inventor's signature: 

Date: 02-25-02

Residence: 5051 Yates Circle, Broomfield, CO 80020

Citizenship: Canadian

Mailing Address:

**Full name of fifth joint inventor, if any:** Michael Haas

Inventor's signature: 

Date: 2/25/02

Residence: 2710 So. Lafayette St., Denver, CO 80210

Citizenship: U.S.A.

Mailing Address:

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: Unknown  
Filing Date: Unknown  
Applicant: David A. Simon et al.  
Group Art Unit: Unknown  
Examiner: Unknown  
Title: Method and Apparatus for Perspective Inversion  
Attorney Docket: 5074A-000057

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Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

**STATEMENT UNDER 37 CFR 3.73(b) AND POWER OF  
ATTORNEY OR AUTHORIZATION OF AGENT**

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named Assignee is an assignee in the above-identified Application:

Assignee: Surgical Navigation Technologies, Inc.  
826 Coal Creek Circle  
Coal Creek Corporate Center One  
Louisville, Colorado 80027

The documentary evidence of a chain of title from the original owner to the Assignee is provided in the Assignment Document(s):


☒ filed herewith,  
☐ previously filed,

Reel No. \_\_\_\_\_, Frame No. \_\_\_\_\_.


I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further that these

statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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The undersigned, whose title is supplied below, is empowered to sign this certificate on behalf of the assignee.

SURGICAL NAVIGATION  
TECHNOLOGIES, INC.

Date: 2-28-02

  
Name: Mark Hunter  
Title: Group Director Business  
Development